

471-000-536 Nebraska Medicaid Hospice Fee Schedule: The following fee schedule is used to determine payment rates for services provided from May 9, 2004 to September 30, 2004.

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable</u>
T2042	Hospice Routine Home Care	\$118.23 per diem *
T2043	Hospice Continuous Care	\$ 28.73/hr *
T2044	Hospice Inpatient Respite Care	\$128.58 per diem *
T2045	Hospice General Inpatient Care	\$528.28 per diem *

The following fee schedule is used to determine payment rates for services provided on or after October 1, 2004.

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable</u>
T2042	Hospice Routine Home Care	\$122.14 per diem *
T2043	Hospice Continuous Care	\$ 29.68/hr *
T2044	Hospice Inpatient Respite Care	\$132.82 per diem *
T2045	Hospice General Inpatient Care	\$542.61 per diem *

\* Actual rate is calculated using the hospice wage index based on the Metropolitan Statistical Area (MSA) code number.

The following fee schedule is used to determine payment rates for services provided on or after October 1, 2005.

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable</u>
T2042	Hospice Routine Home Care	\$126.65 per diem *
T2043	Hospice Continuous Care	\$ 30.77/hr *
T2044	Hospice Inpatient Respite Care	\$137.74per diem *
T2045	Hospice General Inpatient Care	\$562.69 per diem *

\* Actual rate is adjusted using the hospice wage index based on the Code Based Statistical Area (CBSA) code or Special Hospice Wage Index Code number.